



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

JUN - 9 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN

204188

INV# 127308

DATE OF INSPECTION

6-2-2009

LOCATION OF INSTRUMENT (STREET AND CITY)

ST CLAIR COUNTY JAIL, OSCEOLA, MO.

TIME OF INSPECTION

1900 Hrs

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

☒ COMPUTER

☒ DETECTOR

☒ PROGRAM

☒ FILTERS

☒ HEATERS SAMPLE CHAMBER 50 °C

☒ QUARTZ STANDARD

☒ FLOW DETECTOR

☒ CALIBRATION

☒ PUMP HIGH SPEED

☒ PRINTER

☒ INDICATOR LIGHTS

☒ TIME AND DATE

☒ SIMULATOR TEMPERATURE (34 °C ± 0.2 °C)

(34.1°)

☒ CALIBRATION CHECK -

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1

.097

TEST 2

.098

TEST 3

.099

☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS ☒ (0-.04) ☒ (.05-.09) 1 (.10-.14) ☒ (.15-.19) 1 (Over .19) ☒

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

THIS INSTRUMENT IS OPERATING WITHIN DHSS SPECIFICATIONS

SOLUTION: REPCO MARKETING INC. LOT # 08340 .10% SOLUTION

EXPIRES: 10-15-2009

INSPECTING OFFICER

SIGNATURE

W.M. Bush

PRINT NAME

W.M. BUSH

TYPE II PERMIT NUMBER/EXPIRATION DATE

920004

1-15-11

TELEPHONE NUMBER

417-895-6868



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-684-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009 at 11:59 PM.**

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

BAC DataMaster

Evidence Ticket

INFO. ST. LINE: 150000
 SUBJECT NAME:
 H/PL/PL
 DATE: 05/05/67 SER: H
 STAFF NO.: 00-000005
 REQUESTING OFFICER:
 DALE/DALE
 OFFICER I.D.: 291
 ISSUING OFFICER:
 KUSH/DALE
 OFFICER I.D.: 291
 PRINT NUMBER: 550004
 EXPIRATION DATE: 01-10-71
 MISCELLANEOUS DATA

REFERENCES

Printed on recycled paper with agri-based inks

CMSU

BAC DataMaster Evidence Ticket

----- INFORMATION CHECK -----

COMPUTER:	OKAY
PROGRAMS:	OKAY
HEATERS:	
SAMPLE CHAMBER:	56C
FLOW DETECTOR:	OKAY
PUMP:	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CHLORINATION:	OKAY

```
!"#$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcde fghijklmnopqrs
tuvwxyz{|}~"
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CMSU 2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 264189
66/62/00

TESTING OFFICER:

BUSH/WM

OFFICER I.D.#: 291

PERMIT NUMBER: 920004

EXPIRATION DATE: 01/15/11

MISCELLANEOUS DATA:

JUNE MAINTENANCE

ST CLAIR COUNTY

--- SUPERVISOR MODE ---

BLANK TEST	.000	19:05
INTERNAL STANDARD	VERIFIED	19:05
EXTERNAL STANDARD	.007	19:05
BLANK TEST	.006	19:06
EXTERNAL STANDARD	.006	19:07
BLANK TEST	.006	19:07
EXTERNAL STANDARD	.009	19:08
BLANK TEST	.006	19:08

W = 0

STPL = .1

HVH = .000

Operator Signature



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CMSU 2208-02

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



W. MITCHELL BUSH

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 01/15/09
Number 920004
Expires 01/15/2011

MO 580-0771 (7-88)

John J. Mathewson

Director of State Public Health Laboratory
Margaret T. Donnelly

Director, Department of Health

Lab. 4 (R7-88)